

Name In Full

Certificate of Death

Grace Ann Aikens

Town

County

Died at

Darlington Harford.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10/19

Age

70

Md

wife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

8.

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm H. Aikens

Roger Probsty

Maiden Name

Mary J. Devlin

Typhoid Pneumonia

How long sick

93

Typhoid Pneumonia

Accident, Suicide, Homicide

W B Cook



Darlington Md

LIBRARY BUREAU 79898



Name in Full

Certificate of Death

Annie Berdyk

Town Perryman County Harford MARYLAND

Died at Perryman Harford

Date 1902 10 2 Y. 2 M. 2 D. Native of Baltimore Occupation —

Male White Married Widow Divorced

Female Colored Single Widower Number of children living —

Husband of Frank Berdyk

Wife of Frank

Father's Name Frank

Mother's Name Agnes Berdyk

Cause of Death { Primary Morasmus

Death { Immediate 105

How long sick 1 yr.

Accident, Suicide, Homicide

Reported by A. H. Stier

Address Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, RECORDS



Name in Full

Certificate of Death

Sizzer E Bond

Town

County

MARYLAND

Died at

Mountain

Harford

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

1902

40

Age

62

Harford

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Elias Bond-

Father's

Mother's

Name

Don't know

Maiden Name

Don't know

Cause of

Primary

heart disease

How long sick

one year

Death

Immediate

Dropsy

~~Accident, Suicide, Homicide~~

Reported by

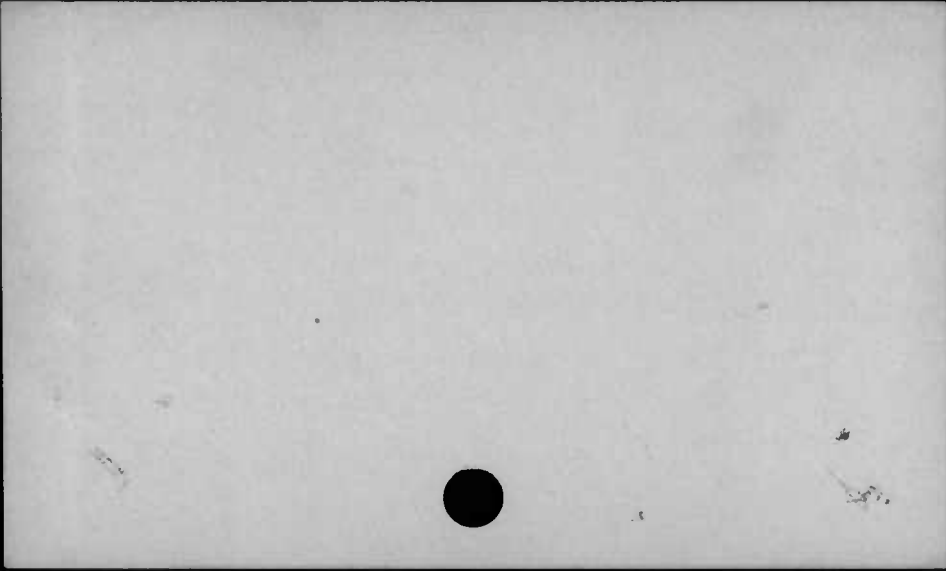
J. T. Gorschuch M.D.

Address

Fork Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79693



Name in Full

Certificate of Death

Frank Brady -

Died at ^{Town} Blair ^{County} Harford MARYLAND

Date 1902 ^{Month} Oct. ^{Day} 9th Y. M. D. Native of Harford Co. Occupation Laborer
Male ~~Female~~ Married ~~Widow~~ Divorced ~~Widower~~
~~Colored~~ Single Number of children living

Husband of
Wife
Father's Name 120 Mother's Name Charlotte Brady

Cause of { Primary Chronic Interstitial Nephritis How long sick 2 weeks -
Death { Immediate Pulmonary Oedema ~~Accident, Suicide, Homicide~~

Reported by A. F. Van Bibber, M.D.
Address Blair Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lucretia Mary Clayman

Town *Waverly* County *Worship* MARYLAND

Died at *Waverly* Month *10* Day *18* Y. *1* M. *8* D. *8* Native of *Waverly* Occupation *none*

Date 1902 *10. 18* Age *1- 8* *Waverly* *none*

Male ☒White ☒Married ☒Widow ☒Divorced ☐Female ☐Colored ☐Single ☐Widower ☐Number of children living *none*

Husband of

Wife

Father's Name *Amos J. Clayman* Mother's Maiden Name *Minnie M. Clayman*

Cause of Death { Primary *Indigestion* Immediate *conductions* How long sick *2 days* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emilia Horton Close

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Oct. 15th

Age

30

Ohio

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Chronic Parenchymatous Nephritis - 8 years

Pulmonary Oedema

~~Accident, Suicide, Homicide~~

Reported by

A. F. Van Bibber, M.D.

Address

Bellaire, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968



Name in Full

Certificate of Death

Died at

Town
CastletonCounty
Hartford

MARYLAND

Date 1902

Month Day
Octr 15

Age

Y. M. D.
60

Native of

Md

Occupation

Laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband
of

Sarah Weaver

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Phthisis Pulmonalis 27

How long sick

2 years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Dr E Hopkins

Address

Darlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73668



James E. Dillb
 Town County
 Died at F ulford Harford MARYLAND
 Date 1902 Oct 16 Age 10 mo M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Convulsions

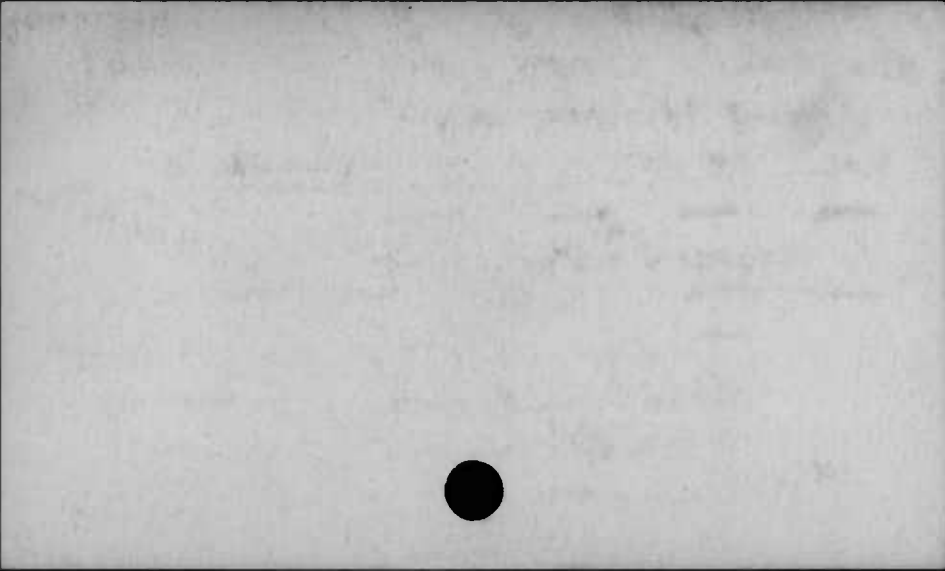
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



David M Dickson

Town

County

Died at Harford Furnace Harford

MARYLAND

Date 1902 10 30 Age 72 Native of Maryland Occupation

Male White Married Widower Number of children living 5

Husband of Ann Carr

Father's Name

Mother's Name

Cause of Death { Primary Cancer 45
Immediate Heart failure

How long sick 7 mo.
~~Accident Suicide Homicide~~

Reported by J. H. Stier

Address Piquette Md



Name in Full

Certificate of Death

Traynor Elliott

Town

County

Died at

Coles

Hartford

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Oct 10

Age

55

Hartford Co

Labourer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cancer Stomach

How long sick

7 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. H. Kennedy

Address

Windsor Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1999



Certificate of Death

Husband of *Charity Jane Ewing* 81
 Wife
 Father's Name *Alexander Ewing* Mother's Maiden Name *Lucinda Johnson*

Reported by *Dr. H. E. J. H. B. & H. B. & H. B.*
Address *Unit M*

LIBRARY BUREAU. 71999



William Thomas Flowers

Died at ^{Town} Whiteford ^{County} Harford MARYLAND

Date 1902 ^{Month} Oct ^{Day} 14 Age 10 26 ^{Native of} America ^{Occupation} _____

Male yes White yes Married _____ Widow _____ Divorced _____

Female _____ Colored _____ Single _____ Widower _____ Number of children living _____

Husband _____ of _____

Wife _____

Father's Name _____

Mother's _____

Maiden Name _____

Cause of { Primary Mononucleosis
Death { Immediate Pertussis

How long sick 6 mos.

Accident, Suicide, Homicide

Reported by J Thomas Galbreath

Address Delta York Co. Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen E. Gallien

Died at ^{Town} Abingdon ^{County} Harford _____ MARYLAND

Date ^{Month} 10 ^{Day} 02 ^{Y.} 19 ^{M.} 02 ^{D.} 10 ^{Native of} _____ ^{Occupation} _____

~~Male~~ White Married Widowed Divorced
 Female ~~Colored~~ Single Widower Number of children living _____

Husband of

Wife

Father's

Name

Oler Gallien

Mother's
Name4
Anna

Cause of Death { Primary Remittent Fever How long sick 12 days
 Immediate Brain Congestion Accident, Suicide, Homicide

Reported by

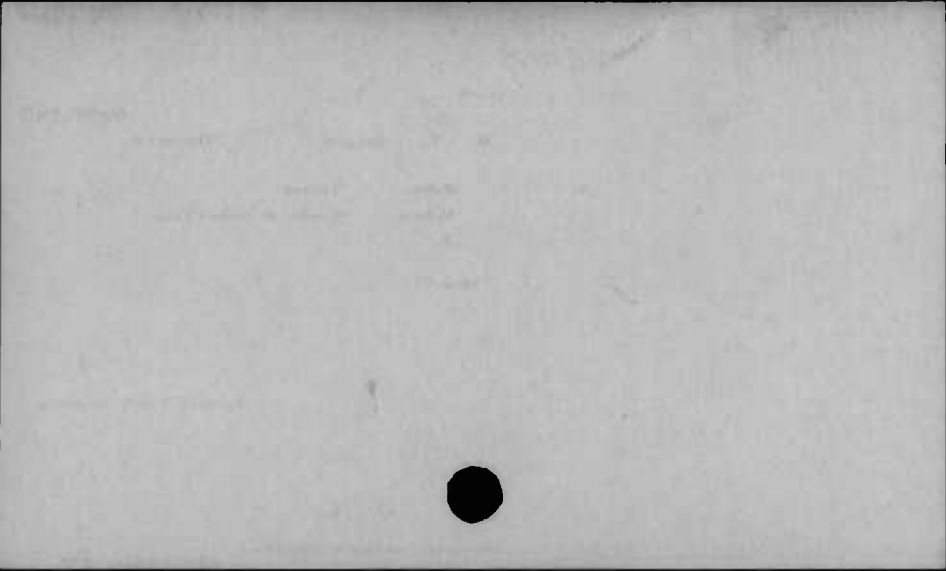
R. D. Whormann M.D.

Address

Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Died at

Date 19

Male

Female

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Single~~

Widow

Widower

Divorced

Number of children living

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide



Name in Full

Certificate of Death

Jerry Hall

Town

County

Died at

MARYLAND

Date 1902

Month Day

Age

Y. M. D.

Native of

Occupation

Oct —

2 10

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Malinda Hamilton

Town

County

Died at

Churchville Yorkford

MARYLAND

Date

1902

Oct. 31

Age

58-1-24

Native of

Ma

Occupation

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Cause of

Primary

Chronic Nephritis

How long sick

9 mos.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. J. A. Callahan

Address

Cresswell, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 15958



Name in Full

Certificate of Death

John W. Howe

Died at

The "Mound"

Town

County

Hartford

MARYLAND

Date 1891 1902

Month

Day

10 11

Age

Y.

M.

D.

85 -

Native of

Hartford

Occupation

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

six

Husband

of

Harriet Howe

45

Father's

Name

Silas Howe

Mother's

Name

Cause of

Primary

Cancer of testicle

How long sick

Seven months

Death

Immediate

Weakness

Accident, Suicide, Homicide

Reported by

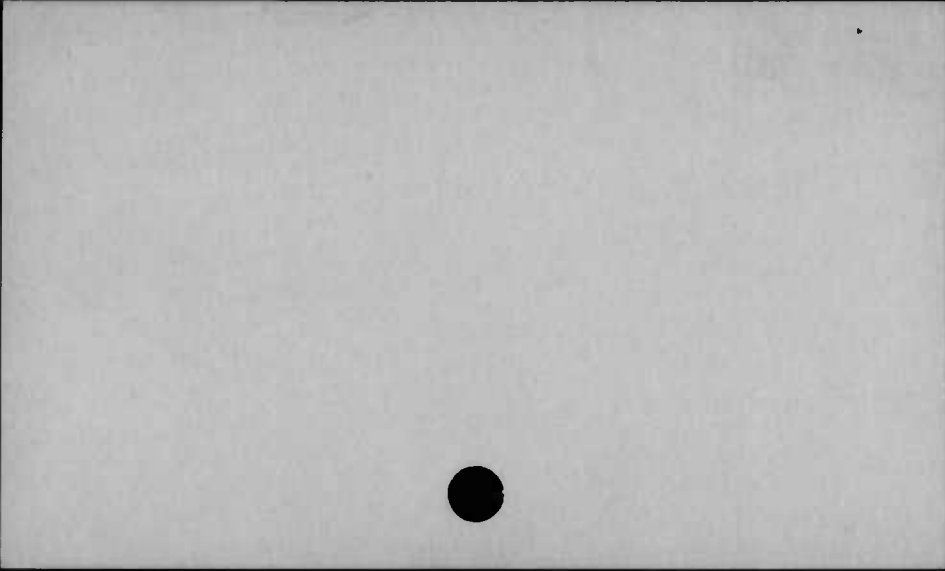
C. W. Long at S. Keyser M.D.

Address

Franklinville
Hartford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65962



Name in Full

Certificate of Death

Wm. B. Jordan

Died at ^{Town} Poole ^{County} Harford MARYLANDDate 1902 ^{Month} Oct. ^{Day} 14 ^{Age} 60. ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} BlacksmithMale ^{White} ~~Female~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower~~ ~~Divorced~~ ^{Number of children living} 1 sonHusband of Lillian Johnson
Wife of
Father's Name
Mother's Maiden NameCause of Death { Primary Phthisis
Immediate Exhaustion
How long sick 3 years
~~Accident, Suicide, Homicide~~

Reported by Ephraim Hopkins Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Alice Mary Kelly

Town

County

Died at

MARYLAND

Died at Fallston Hanover Maryland
 Date 1902 10 - 2 Age 13-11-17 Maryland
White Female Single Widow Number of children living

Husband
of
Wife

Father's Name Michael J. Kelly Mother's Name Sarah E. Burns

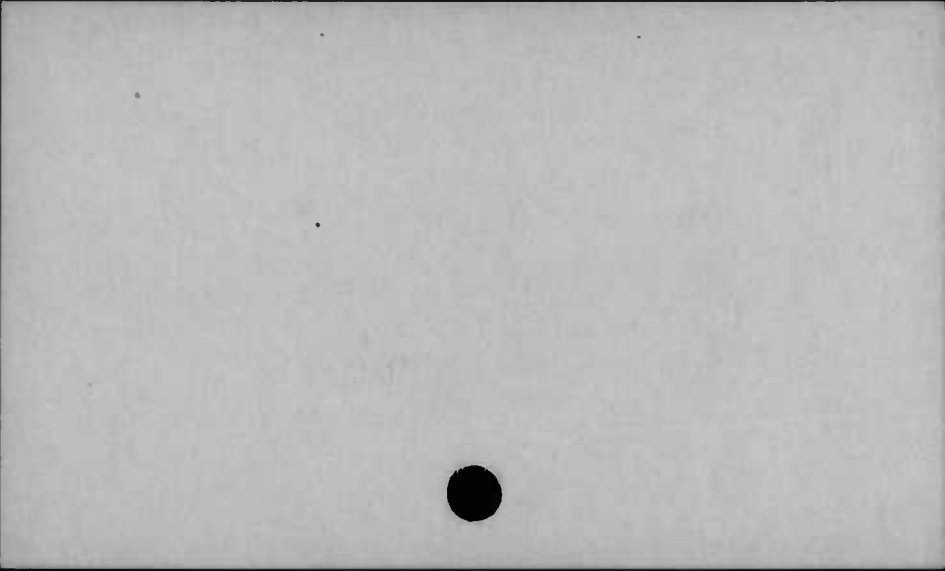
Cause of Death { Primary Diphtheria-Meningeal How long sick 9 days
 { Immediate Exhaustion Accident, Suicide, Homicide

Reported by Purnell H. Happington

Address Fallston

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70009



Name in Full

Certificate of Death

Lorelia

Hamp-

Town

County

Died at

Bel Air

Hager

MARYLAND

Date

1902

Month

10

Day

2

Y.

M.

D.

Native of

Md

Occupation

Infant

Age

1-3

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Nicholas Kemp

Mother's

Name

Clara Kemp

Cause of

Primary

Death

Immediate

Enteritis

105

How long sick

Ten or fifteen days

Accident, Suicide, Homicide

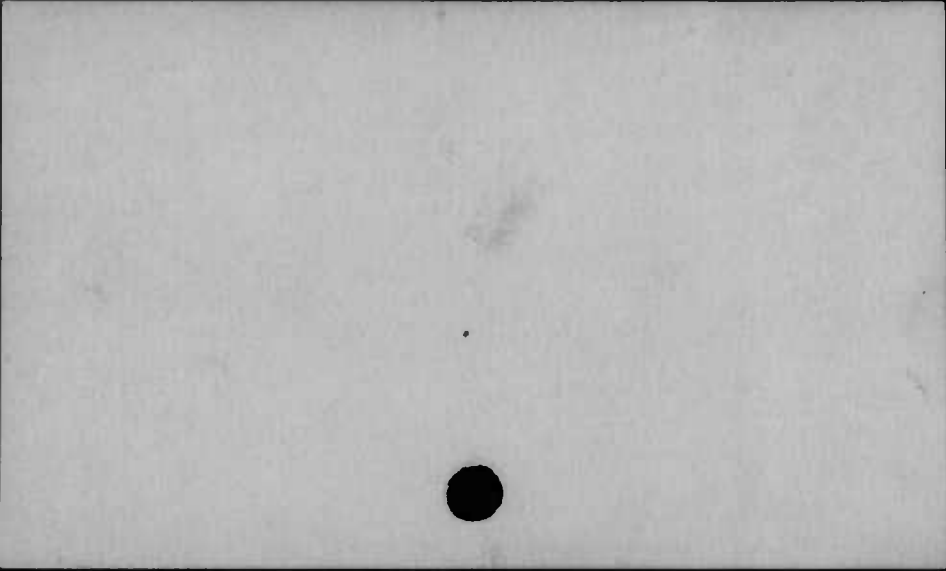
Reported by

D. Bruce Richardson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55362



Charles Little

Died at ^{Town} Black Horse ^{County} Harford MARYLAND

Date 1902 ^{Month} Oct ^{Day} 4 ^{Y.} 2 ^{M.} 3 ^{D.} 0 ^{Native of} ^{Occupation}

^{Male} Male ^{White} White ^{Married} Married ^{Widow} Widow ^{Divorced} Divorced

^{Female} Female ^{Colored} Colored ^{Single} Single ^{Widower} Widower ^{Number of children living}

Husband of

Wife of

Father's Name Oliver Little Mother's Maiden Name Carrie Little

Cause of Death { Primary Gastritis How long sick

Death { Immediate Welder & Amalgam Accident, Suicide, Homicide

Reported by F. T. LunnAddress Black Horse

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Richard B. McCoy

Town

County

Died at

MARYLAND

Broad Creek

Starford

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

10-15

Age 80-

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Seven

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Prostitution

154

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. H. Cundy

Address

Hetta Pa.

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Anna

Mathews

Died at *Abingdon*

Town

County

Harford

MARYLAND

Date *902 Oct. 4*

Month

Day

Y.

M.

D.

Native of

Occupation

Age

*85 2 10**Housewife*

Female

Colored

~~Married~~

Widow

~~Divorced~~

Number of children living

*3*Husband
Wife of*Peter Mathews*Father's
NameMother's
Name*bel*Cause of
Death { Primary
Immediate*Cerebral Hemorrhage*

How long sick

3 days~~Accident, Suicide, Homicide~~

Reported by

R. Oppermann

Address

Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65466

MAILED

Name in Full

Certificate of Death

Bessie Peters

Died at

Town
Edgewood

County

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10

11

Age

16

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Daniel

Mother's

Maiden Name

Missouri

Cause of

Primary

Consumption

How long sick

2 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

Howard A. McComas Undertaker

Address

Abingdon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Martha Proctor

Town

Cooper

County

Harford

Died at

MARYLAND

Date 189

2

Month

10

Day

21

Age

Y.

79

M.

11

D.

4

Native of

American

Occupation

Domestic

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

8

Husband

of

Edward Proctor

Wife

Father's

Name

Jerry Bennington

Mother's

Name

Cause of

Primary

How long sick

6 days

Death

Immediate

Pneumonia

93

Accident, Suicide, Homicide

Reported by

A. Steward M.D.

Address

Delta

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 11, 25542

D. W. Holden

Oct 24th

at Tabernacle

Mrs. Shanahan.

Town

County

Died at

MARYLAND

1902 Oct. 13

Date

Month Day

Y. M. D.

Native of

Occupation

U.S.A.

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

Bright Disease,

Mitral Valve

How long sick

1 year

Accident, Suicide, Homicide

Reported by

Address

D. Hall Richardson M.D.
Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Otho Simms

Died at *Abingdon* Town *Hartford* County *MARYLAND*

Date 189*9* *02* Month *Oct* Day *6* Y. *2* M. *11* D. *2* Native of *Ind* Occupation
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name

Otho Simms

Mother's Name

Pellie

Cause of Death { Primary *Typhoid Fever* How long sick *12*
 Immediate

Accident, Suicide, Homicide

Reported by

R. O. Myerman M.D.

Address

Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 166068

CHARTER



Name In Full

Certificate of Death

Sarah H. Seymour

Died at ^{Town} *Harve de Grace* ^{County} *Harford* *MARYLAND*

Date 1902 10-1 Age 71 *Harford* *Harford Co.*
 Male White Married ~~Widow~~ ~~Divorced~~
 Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband of *A. F. Seymour*
 Wife

Father's Name *Thos. Brown* Mother's Maiden Name *—*

Cause of Death Primary Immediate *Paralysis* *60* How long sick 4 mo
 Accident, Suicide, Homicide

Reported by *J. H. Hopkins*Address *Harve de Grace Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harry W. Simpers

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

on 10, 22, Age 0 0 8

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Selanua

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993



John Lee Smedley

Town

County

Died at

Bynum

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 28

Age

52 yrs

Penna

Merchant

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

two

Husband
of

Fannie Smedley

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tubercular Laryngitis

How long sick

two years

Death

Immediate

General Exhaustion

Accident, Suicide, Homicide

Reported by

William S. Archer

M.D.

Address

Bel Air

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Carroll M. Stifler

Town

County

Died at *Horrieville, Harford*

MARYLAND

Date 1902 *Oct. 12* Month Day Y. M. D. Age *15-7-6* Native of *Maryland* Occupation *School boy*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *0*

Husband of

Wife

Father's Name *Aaron F. Stifler* Mother's Name *A. L. Richardson*

Maiden Name *A. L. Richardson*

Cause of Death { Primary *Pleuro Pneumonia* Immediate *Tuberculosis* How long sick *8 months*

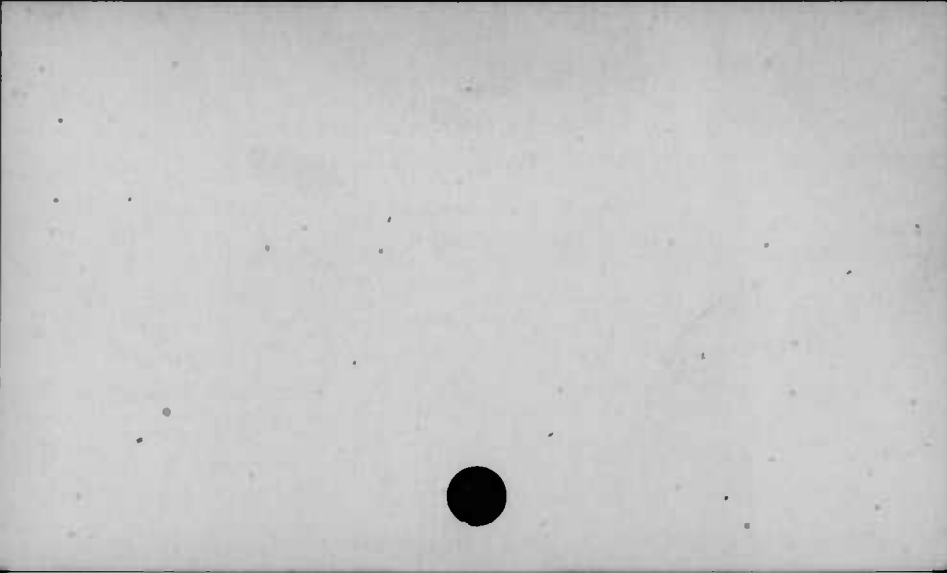
~~Accident, Suicide, Homicide~~

Reported by *John W. Pontre M.D.*

Address *New Roch. Penna.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 79895



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eliza Thompson Stillwell,

Town

County

Earlton Hartford

MARYLAND

Month Day Y. M. D. Native of Occupation

Oct 5 79-6-21 Delaware

White Married Widow Divorced

Colored Single Widower

Number of children living 2

Wife of Jacob Stillwell, 131

Father's Name Wm Macklin, Maiden Name

Mary Thompson,

Cause of Primary Obvious tumor How long sick 10 or 12 mo

Death Immediate General debility Accident, Suicide, Homicide

Reported by Wm R H Smith

Address Keene de Mouney



Name

Full

Kable In Tucker

CERTIFICATE OF DEATH

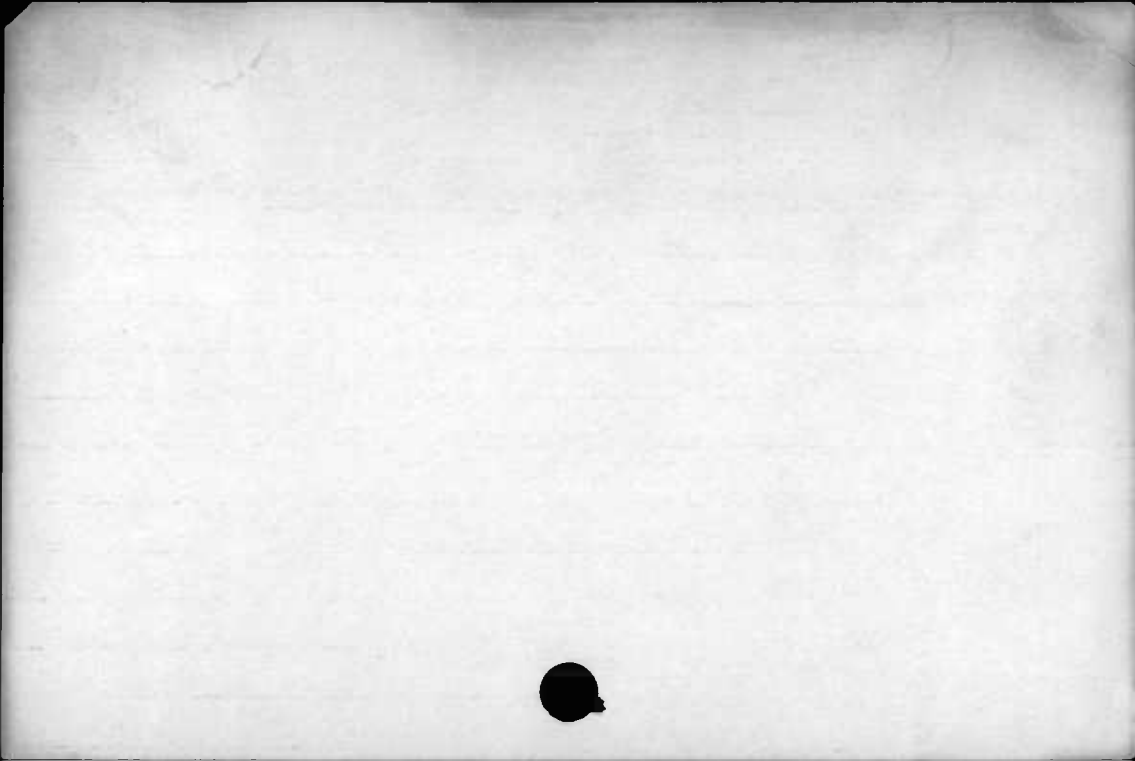
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Stafford</i>		Town <i>Stafford</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>14</i>	Age <i>16</i>	Years	Months	Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co Md</i>			
Married Single or Widowed		Occupation <i>Scholar</i>					
Name of Wife or Husband							
Father's Name <i>Alva J Tucker</i>				Father's Birthplace <i>Harford Md</i>			
Mother's Maiden Name <i>Hettie Jackson</i>				Mother's Birthplace <i>Lancaster Pa</i>			
Name of person giving information <i>Ellis R. Tucker</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lung & bowel (Tuberculous)</i>	How long	<i>one year</i>
Immediate	<i>Tuberculous</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm. Laffington</i>	
		Address <i>Darlington Md.</i>	
Accident or Suicide?			



Name
in
Full

Mary Eleanor Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Darlington</i>		County <i>Harford</i>		MARYLAND	
Date of death 190		2	Month <i>Oct</i>	Day <i>28</i>	Age <i>77</i>	Months <i>10</i>	Days <i>21</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A. A. Co. Md.</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>House</i>					
Name of Wife or <i>Isaac Lee Webster.</i>							
Father's Name <i>Henry Cromwell Williams</i>				Father's Birthplace <i>A. A. Co.</i>			
Mother's Maiden Name <i>Louisa Wheeden.</i>				Mother's Birthplace <i>Baltimore.</i>			
Name of person giving information <i>Louise Webster Seefe.</i>				How related to deceased <i>Daughter.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lung trouble</i>		How long <i>93</i>	years
Immediate <i>Pneumonia</i>		How long <i>Two weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ans. Lappington</i>	
		Address <i>Darlington</i>	
		<i>Md.</i>	
Accident or Suicide?			



Andrew White

Died at ~~the~~ ^{Town} *Bynums* ^{County} *Harford* MARYLAND

Date 1902 ^{Month} *Oct* ^{Day} *28* ^{Y.} *29* ^{M.} *4* ^{D.} *Harford* ^{Native of} *Harford* ^{Occupation} *Farmer*

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Number of children living}

~~Female~~ ^{Colored} ^{Single} ^{Widower}

Husband of

Wife

Father's Name *George E. White* ¹⁸⁹⁶ ^{Mother's} *Maria White*

Cause of Death { ^{Primary} *Gun Shot wound of Kidney* ^{How long sick} *Three weeks*

^{Immediate} *Suppression of Urine* ^{Accident, Suicide, Homicide}

Reported by

William S. Archer

Address

*Bel Air**Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

4.
25.
4.



Name in Full

Certificate of Death

George Wilkerson

Town

County

Died at

Aberdeen Harps

State of

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 30

Age

about 50

machinist

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Prostration & Exposure

How long sick

179

Accident, Suicide, Homicide

Reported by

James T. Pritchard acting coroner

Address

Aberdeen

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

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